

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

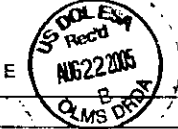
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 85-237, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>12859</u>	2. Fiscal Year Covered From: <u>1/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>GLENN WILLIAMS</u> P.O. Box, Bldg., Room No., if any Street <u>56230 Peppermint Rd</u> City <u>SOUTH BEND</u> State <u>INDIANA</u> ZIP Code + 4 <u>46619</u>	4. Name, file number, and address of labor organization. Name <u>Laborers Int'l Union, Local 645</u> Labor Organization File Number <u>011095</u> P.O. Box, Building and Room Number, if any Street <u>2015 W. WILKINSON AVE, STE 140</u> City <u>SOUTH BEND</u> State <u>INDIANA</u> ZIP Code + 4 <u>46629</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
B. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Glenn Williams

On

8/15/05 (574) 232-6891

Date

Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Indiana Laborers Welfare Fund</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <i>BOX 1507</i></p> <p>Street</p> <p>City <i>TEANE HAWK</i></p> <p>State <i>Indiana</i> ZIP Code + 4 <i>46808-1507</i></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing. <i>Provides Health Care & Pension Benefits</i></p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received. <i>Reimbursed Related to Trust Meeting Orlando, Florida 11-29/12-1</i></p> <hr/> <p>12.b. Amount. <i>\$50.89</i></p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
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<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>
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Name of Person Filing		File Number U-	
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>			
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Solidarity Center</i></p> <p>Trade Name, if any: <i>American Center for With Labor Solidarity</i></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>1925 K Street, Suite 300</i></p> <p>City <i>Washington</i></p> <p>State <i>DC</i> ZIP Code + 4 <i>20006-1105</i></p>		<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>	
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>		<p>11.a. Nature of such dealing.</p> <p><i>Participated in International Dialogue in South Africa</i></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount. <i>\$1,401.00</i></p>	
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>			
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <i>TST Publications</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <i>P.O. Box 1982</i></p> <p>Street</p> <p>City <i>South Bend</i></p> <p>State <i>Indiana</i> ZIP Code + 4 <i>46634</i></p>		<p>14.a. Nature of payment. <i>(LUNA)</i></p> <p><i>Provided mailing for African American Circus on 10-11-04</i></p> <p><i>Wife is sole owner of TST Productions</i></p>	
<p>13.b. Is the Business an Employer or Consultant ?</p>		<p>14.b. Amount of payment. <i>\$1056.40</i></p>	

PHONE: 574-287-2967
FAX: 574-287-2968

LABORERS INTERNATIONAL UNION OF NORTH AMERICA

EDWARD L. BARRIER
PRESIDENT

GLENN L. WILLIAMS
BUSINESS MANAGER
SECRETARY AND TREASURER



LOCAL NO. 645
SUITE 140
2015 WEST WESTERN AVENUE
SOUTH BEND, INDIANA 46629



August 15, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Ave., NW, Rm. N-5616
Washington, D. C. 20210

Re: Form LM-30 Filing For Glenn L. Williams, Fiscal year 2004
Labor Organization File #011095

Dear Sir or Madam:

Enclosed is my LM-30 for the 2004 period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of 2005 that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advises, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection of all lawfully reported benefits that I received.

Sincerely yours,

Glenn L. Williams
Business Manager & Secretary-Treasurer
Local 645